

use of the remedy; and this was also the only case in which there was very marked tinnitus aurium. In one case there was decided deafness, but, in this instance, the hearing was impaired from the time of the patient's admission. In one of the only two cases in which vomiting occurred, an emetic had been given at the commencement of the treatment. In one case the diarrhœa, previously present, was considerably aggravated under the use of the quinine."

The general results of the treatment may be stated as follows:—

"1. In one of the cases of typhus, the quinine was certainly not productive of any benefit, and probably added to the torpor and depression of strength. In the other case of typhus it produced the most marked depression, and the patient was only saved by its discontinuance and the liberal exhibition of stimulants. In both cases, though the patients recovered, the disease seemed to follow its natural course, and to be in no degree curtailed in duration by the exhibition of the remedy.

"2. In one case of typhoid, the depression of power and torpor increased under the use of the quinine, but the notes are too imperfect to allow me to speak confidently as to its effects. The patient recovered after an illness of average duration.

"3. In two other cases of typhoid, the remedy appeared to exert neither beneficial nor injurious effects; the disease followed its usual course, and the patients recovered.

"4. In another case of typhoid, it certainly added to the torpor and depression. The remedy was only exhibited in small doses, and for a short period, and was entirely discontinued after six doses had been given, in the course of a day and a half, and stimulants and other means were then freely had recourse to; the prostration and torpor, however, increased, and the patient died comatose.

"5. In the fifth case of typhoid, in which the affection was combined with bilious complication, the quinine was decidedly beneficial, the patient steadily improving under its use. The attack was certainly of shorter duration and less severity than might have been expected from the urgency of the symptoms when the treatment was commenced; but, in this case, the amendment was gradual, and no sudden improvement in the symptoms at any time occurred.

"In all the cases the patients had stimulus and support as required, and other accessory treatment, such as astringents, aperients, and anodynes, etc. While also the quinine was exhibited in the various cases in different doses and at various intervals, the different results bore no relation to any of these circumstances.

"The facts and observations which I have now related must only be regarded as a contribution towards the solution of the question of the usefulness of large and repeated doses of quinine in the treatment of the continued fevers of this country. So far, however, as they go, they are opposed to the views of Dr. Dundas, that quinine possesses the power of cutting short the attack; on the other hand, they indicate that the remedy is, in some cases, beneficial; but only as an auxiliary to other measures. It remains to decide, by more extended observations, in what forms of fever, and under what peculiar circumstances, local and individual, the remedy may be advantageously employed; and whether the quinine is more useful in moderate doses at distant intervals, or in the large and frequently repeated doses which have been recommended."

8. *Bronzed Skin and Disease of the Supra-Renal Capsules.*—In our last number (p. 489 *et seq.*), we noticed the connection which has recently been pointed out as existing between bronzed skin and disease of the supra-renal capsules. Mr. JONATHAN HUTCHINSON has given (*Med. Times and Gaz.*, March 8, 1856), in a tabular form, the prominent characters observed in twenty-seven cases, and which tend very conclusively to support the opinion that the peculiar bronzing of the skin is really indicative of a fatal cachexia, and of organic disease of the supra-renal capsules:—

No.	Reference.	Sex.	Age.	Occupation, etc.	Previous health, etc.	First symptoms.	Degree of bronzing.
1	Dr. Addison's Work, p. 9.	M.	32	Baker.	No history given, excepting that the skin was white when in health.	Troublesome cough, followed very shortly by debility and bronzing of skin.	Colour of a mulatto; scrotum and penis darkest. (See Plate I.)
2	Dr. Addison's Work, p. 12.	M.	35	Tidewaiter, married; exposed to weather, and often living on salt provisions.	Rheumatism eight years ago; of bilious temperament but generally in good health.	An acute illness, with vomiting, constipation, headache, and delirium; much debility was left by this, and the bronzing of the skin soon followed.	Dark olive brown; pigimentary deposits in lining of lips. (See Plate II.)
3	Dr. Addison's Work, p. 15.	M.	26	Carpenter; married; intemperate.	Very good until 3 months before the change in colour was noticed.	Pain in the back and right leg, followed by debility, wasting, and attacks of giddiness.	Dark olive brown, — deepened in patches. (See Plate III.)
4	Dr. Addison's Work, p. 19.	M.	22	Stonemason.	No history. He died the day after admission into Hospital.	Liability to pain in stomach, and vomiting; the delirious.	Face, axillæ and hands of a dingy bronzed colour.
5	Dr. Addison's Work, p. 23, from Doctor Bright's Reports.	F.	Ad't	Not stated.	No history.	No history.	"Complexion very dark."
6	Dr. Addison's Work, p. 25.	M.	—	A harrister of middle age.	No history.	No history.	Surface generally dark and dingy; face, neck and arms covered with patches of deep chestnut-brown; — patches of white skin interspersed. (Plate XI.)
7	Dr. Addison's Work, p. 30.	F.	60	Not stated.	No history. The cancer of the S. R. C. was secondary to cancer of the breast.	Cancer of the breast.	The colour of the skin of the arms, chest and face was of a peculiar light-brown, swarthy hue.
8	Dr. Addison's Work, p. 32.	F.	53	A servant; single.	Always thin, but of good health.	An eruption on the skin four months before, which being cured, stomach symptoms began.	Skin generally very dark; axillæ and areola of umbilicus remarkably dark; — patches darker than surrounding skin. — (Plates IX and X.)
9	Dr. Addison's Work, p. 33.	M.	53	Sailor; married; sober.	Very good; a muscular, strong-built man.	About two months before admission began to lose appetite and feel generally unwell.	The face of yellow bronzed tint, and grew darker while under observation. (See Pl. VI.)
10	Dr. Addison's Work, p. 33.	F.	28	Not stated.	Died of cancer of uterus; the disease of S. R. C. being secondary.	Those of cancer of the uterus.	"A peculiar dingy appearance."

General symptoms, complications, etc.	Whole duration of disease.	Mode of death.	Autopsy.	Remarks.
Excessive weakness; some emaciation; of puerile demeanor; urine healthy; pain in left lumbar region; cough; sense of soreness about epigastrium.	3 years.	Acute pericarditis and pneumonia.	S. R. C. both as hard as stones, as large as eggs, and quite destroyed. Evidences of recent pericarditis and pneumonia; no tubercle; no other visceral disease.	A very well marked case; no chronic disease found at autopsy excepting in the S. R. C.
Pinched, anxious expression; tendency to vomiting; pulse of usual frequency, but extremely feeble; liable to occasions of alarming depression; constipation of bowels; tenderness at epigastrium; numbness of fingers, legs, and tip of tongue occurred early, but passed off.	6 months.	Not stated.	S. R. C. both contained compact fibrinous concretions. Inflamed gastric mucous membrane; no tubercle; no other visceral disease.	The deposits in the S. R. C. resembled tubercle, but there was no tubercle in other organs.
Thin, pale, and very feeble; liable to fainting on rising from bed; sickness and hic-cough; pain in back; partial loss of consciousness at times; <i>angular curvature of spine; leucocythemia.</i>	7 months.	Gradually sank into a torpid or typhoid state.	S. R. C. each completely destroyed and converted into a mass of strumous deposit; psoas abscess, and caries of lumbar vertebrae; tubercle in lungs; spleen rather large.	The blood was examined both before and after death, and contained a large excess of white corpuscles.
Sickness, vomiting, and pain in stomach; great debility, and some emaciation. The prostration preceding death was so peculiar as to suggest that some poison had been taken.	Several months.	Died from collapse, without apparent cause.	S. R. C. wasted and destroyed, weighing together only 49 grains. No other important disease.	The disease of the S. R. C. was an atrophy, apparently consequent on inflammation.
Extreme debility; bilious vomiting; emaciation considerable; abscess in the breast, and swelling of the right parotid. "There was no indication but to support her strength."—Dr. Bright.	Not stated.	Gradually sank; before death became drowsy; had pain in forehead, and was liable to "wandering" occasionally.	"The only marked disease was in the S. R. C., both of which were enlarged, lobulated, and the seat of morbid deposits, apparently of scrofulous character." They were four times the natural size; the left had suppurated.	The account of this case was recorded by Dr. Bright long before any suspicion was entertained as to the importance of disease of the S. R. C.
Emaciated, but not to an extreme degree; great anæmia; extreme languor; stomach exceedingly irritable, and vomiting urgent and distressing; pulse of good size, but exquisitely soft and compressible.	1 year.	"The patient speedily sank." No details given.	The S. R. C. both greatly enlarged, of irregular surface, and much indurated; natural structure lost; microscope could find no nucleated cells; no important disease of other organs.	In this case the vomiting had been so urgent that the idea of malignant disease of the stomach had been suggested.
No history. The woman died of ulcerated cancer of the breast, and the diagnosis of diseased S. R. C. was only formed when, in the post-mortem theatre, the bronzing of the skin was first noticed.	Not stated.	Not stated.	"Both S. R. C. contained a considerable amount of cancerous deposit, invading their entire structure."—Dr. Lloyd.
Emaciated and very feeble; much irritability of stomach.	4 months.	Died "of exhaustion" three days after admission.	Cancer of the pylorus; left S. R. C. destroyed by cancer.	In this case the extent of change of colour in skin was proportioned to that of the disease of S. R. C., one of them being yet sound.
Sensation of sickness, but no actual vomiting; complained only of weakness and loss of appetite; rigors every five or six hours; no pain; pulse 80, rather feeble; bowels irritable.	3 months.	He became gradually weaker and weaker, and so died.	Tubercular deposit was found in one S. R. C.; tubercular matter was also in the spleen, and the kidneys were degenerate; lungs not examined; deposit of black pigment in omentum, mesentery, and cellular tissue of abdomen.	In this case only one S. R. C. was disorganized, and the degree of bronzing appears to have been only proportionate.
Until the body was in the post-mortem theatre, the discoloration of the skin was not noticed; it was then remarked, and disease of the S. R. C. foretold. No history of symptoms had been preserved.	Not stated.	Died of exhaustion from cancer.	The right S. R. C. healthy; the vein emerging from the left was obstructed by a malignant tubercle, and the organ itself occupied by a recent extravasation of blood, its structure being otherwise healthy.	In this case the degree of bronzing was but slight, the disease affecting but one capsule, and being of but recent occurrence.

No.	Reference.	Sex.	Age.	Occupation, etc.	Previous health, etc.	First symptoms.	Degree of bronzing.
11	Dr. Addison's Work, p. 39.	M.	Ad't	Not stated.	Died of cancer of lungs, etc.	Those of cancer in the thorax.	"The patient's face presented a dingy hue." Freckles about the face, and brown discoloration at root of nose and angles of mouth.
12	<i>Med. Times & Gaz.</i> , Dec. 15, 1855, p. 593. (Dr. Burrows)	M.	24	Hawker; single.	Had lumbar abscess in childhood.	Pain across the back, followed by emaciation and bronzing of skin.	Of a dark copper-bronzed tint generally; patches of lighter skin on chest and belly; skin of penis and scrotum almost black.
13	<i>Med. Times & Gaz.</i> , Jan. 19, 1856, p. 60. (Dr. Gull.)	M.	24	Carpenter; temperate.	Robust.	Debility; breathlessness on exertion; nausea; "biliousness."	Skin generally of a sallow olive brown. The dark colour most marked about the knees; inside of lips mottled with black pigmentary deposit.
14	<i>Medical Times and Gazette</i> , Jan. 19, 1856, p. 62. (Mr. Bakewell.)	M.	28	Labourer.	Not known.	Not known.	Skin generally of deep brown or bronzed appearance, the tint being darkest over the thighs.
15	<i>Med. Times & Gaz.</i> , Feb. 20, p. 189. (Dr. Thompson; Mr. Sibley.)	M.	20	Baker; sober.	Good.	Bronzing of the skin.	Skin generally of a peculiar, dark, dirty-brown colour.
16	<i>Med. Times & Gaz.</i> , Feb. 23, 1856, p. 190. (Dr. Rowe.)	M.	20	Not stated.	Delicate.	Delicate health, and bronzing of skin.	Skin generally brown, with some darker spots.
17	<i>Med. Times & Gaz.</i> , Mar. 8, 1856, p. 233. (Dr. Farre.)	M.	37	A publican; intemperate.	A year before had suffered from pain in the lumbar region, which subsided under simple measures. No history.	He was admitted for delirium tremens.	Skin generally of a peculiar yellowish-brown.
18	Dr. Addison's Work, p. 29.	M.	60	Not stated.	No history.	No details.	Skin generally dark and bronzed, with patches blanched and white. (Plate XI.)
19	<i>Med. Times & Gaz.</i> , p. 233. (Dr. Stocker.)	M.	56	Physician.	Dyspeptic, but not otherwise in bad health.	General malaise and irritability of stomach; increasing debility and emaciation.	Patches of dark brown discoloration first appeared about the neck, hands, and abdomen. These increased, but the face remained, except some small patches, of natural colour.
20	<i>Med. Times & Gaz.</i> , Dec. 15, 1855, p. 594. (Mr. Startin.)	M.	12	At school; Irish.	Had suffered from abscesses in the neck and slight cough, but was, on the whole, strong and robust.	Loss of flesh and gradually increasing languor; fanciful appetite.	Copper brown in all parts, the face and neck being tinged deepest.

General symptoms, complications, etc.	Whole duration of disease.	Mode of death.	Autopsy.	Remarks.
No history preserved, the nature of the disease not having been suspected during life.	Not stated.	Died of cancer.	One S. R. C. entirely disorganized by cancer, the other healthy.	In this case but one capsule was affected, and the bronzing was proportionately slight. A note as to the discoloration of skin had been taken during life, and without any suspicion of diseased S. R. C.
Irritability of stomach, with vomiting; pain across the back; great debility; emaciation; partial loss of appetite; urine natural.	8 months.	Died from exhaustion consequent on the action of an aperient dose.	Both S. R. C. contained pus, and some concreted bodies resembling hardened tubercle; there was no active disease of the vertebrae, nor any important lesion of other viscera.	In this case the chain of morbid phenomena was very complete.
Nausea; vomiting; great <i>malaise</i> and exhaustion; emaciation; urine healthy; blood loaded with white corpuscles.	5 months.	Died rather suddenly, from exhaustion.	Both S. R. C. atrophied and destroyed, the left contained cysts, the right some solid concretions; no other organs examined.
He was known to have been for some weeks in a low weak state; no further history; not materially emaciated.	Unknown.	Died from the exhaustion consequent on a short journey.	Both S. R. C. completely atrophied, and containing calcareous concretions; emphysema of the lungs, and fatty degeneration of the heart.
Became suddenly languid, then sank into collapse, and died after a three days' illness; no rigors had preceded it; his friends had for six weeks noticed the change in tint of the skin, but there had been no other symptom.	6 weeks.	Died in collapse.	Each S. R. C. enlarged to the size of half a kidney; their structure was quite destroyed, being converted into a firm tubercular-like material, and in parts softened down.	This appears to have been idiopathic disease of the S. R. C.; no tubercle was found in other organs.
Had also disease of the knee-joint; general health rather improved, until within three days of the fatal seizure; he remained muscular and fat.	8 months.	Diarrhoea, followed by an epileptic fit; a succession of fits, attended by incessant vomiting and occasional delirium; ended in death on the fourth day.	Both S. R. C. destroyed, and containing cheesy, gritty, and semi-purulent deposit; a complete examination was made, and no other visceral disease of importance was discovered.	In this, as in case 23, a peculiarly disagreeable odour was observed to exhale from the patient's body for three or four weeks before death.
He died after a fortnight's illness from delirium tremens.	3 weeks or more.	Sank into a typhoid state with low delirium, for some days before death.	Both S. R. C. were converted into abscesses, but their cortical structure was not wholly destroyed; circumscribed abscess in the liver.	In this case the suppurative inflammation of the S. R. C. had probably been acute and quite recent.
Anæmia; extreme feebleness of heart's action; uneasiness and irritability of stomach; slight œdema of upper extremities.	Not stated.	Died of debility; cancer in the mediastinum was suspected.	No autopsy.	This case, Dr. Addison states, bore the closest resemblance to case No. 6. The cachexia was precisely that of diseased capsules,—cancer in the mediastinum was suspected from the œdema of the upper extremities.
Great debility and wasting; no organic disease excepting that of the S. R. C. being indicated.	About 6 months.	Sank from exhaustion.	No autopsy.	In this case the presence of the bronze patches enabled Dr. Addison to predict the patient's speedy death at a period when there were no other alarming symptoms.
Some emaciation; great and increasing debility; heavy oppressed aspect; urine healthy.	9 months.	Sank under an attack of diarrhoea, and just before death had a succession of convulsive spasms, (epileptic?)	No autopsy.	For four months before death, the boy had been getting gradually weaker and weaker.

No.	Reference.	Sex.	Age.	Occupation, etc.	Previous health, etc.	First symptoms.	Degree of bronzing.
21	<i>Med. Times & Gaz.</i> , Dec. 29, 1855, p. 648. <i>Ibid.</i> , May 24, 1856, p. 519. (Dr. Peacock)	F.	14	At school.	Healthy.	Lassitude; muddy complexion, and slight cough.	Of a brown muddy tint, deepest on face, arms, and shoulders. No mottling.
22	<i>Med. Times & Gaz.</i> , Jan. 19, 1856, p. 61. (Dr. Burrows)	F.	28	Married; temperate.	Delicate.	Menorrhagia and subsequent debility 2 years before the change of colour.	A tawny or yellowish brown tint, most deeply marked on the face, arms, thighs, and legs. Patchy discoloration in parts.
23	<i>Med. Times & Gaz.</i> , Feb. 23, p. 191. (Dr. Rowe.)	M.	45	Carter; married; temperate.	Robust.	Spots of dark tints in various regions of the body. At first there was no illness or discomfort.	Skin generally of dusky brown, not unlike a Mulatto; darker in some parts than in others.
24	<i>The Association Journal</i> , Jan. 19, p. 42. (Dr. Budd.)	F.	42	Married.	Good.	A brown tinge of skin, followed by a three weeks' illness (typhus fever), after which the bronzing became more marked.	Tint of skin generally like that of a North American Indian; certain parts darker than others.
25	<i>The Association Journal</i> , Jan. 19, p. 43. (Dr. Budd.)	F.	40	Not stated.	Not stated.	Very dark, general discoloration, large black patches in mouth.
26	<i>Med. Times & Gaz.</i> , Feb. 23, 1856, p. 189. (Dr. Thompson.)	M.	33	Married.	Good.	Paroxysmal pain in the abdomen; loss of strength; amenorrhœa.	The skin generally became suddenly of a peculiar dirty brown tinge.
27	<i>Med. Times & Gaz.</i> , Dec. 22, 1855, p. 629. (Dr. Raunkin.)	F.	58	Married.	Formerly very stout and of large frame.	Loss of strength and flesh.	Face and hands dark brown; "as brown as a Japanese;" other parts not seen.

9. *Starch as an External Application in Cases of Smallpox and other Skin Diseases of an Inflammatory Nature.*—Dr. THOS. W. BELCHER extols (*Dublin Hospital Gazette*, April 1, 1856,) the efficiency of starch used externally, in skin diseases generally, and more particularly in smallpox. He relates several cases of smallpox in which he used the starch. This article is made thick, and frequently applied. The entire surface of the body was sponged with tepid water at least once daily, after which the mucilage of starch was immediately laid on. It allays the itching, and completely prevented pitting.

SURGICAL PATHOLOGY AND THERAPEUTICS, AND OPERATIVE SURGERY.

10. *Amputations.*—Dr. MENZIES read a very interesting paper on this subject before the Military Medical and Surgical Society (Feb. 28, 1856).

Although, he remarked, the works of our most distinguished civil and military surgeons would appear to embrace and elucidate every point of the question or difficulty connected with the subject, the matter he had selected for the Society was one of interest at the present time, and, without venturing to suggest any novelty or theory of practice, he felt it a duty to elicit every possible information which might hereafter tend to preserve either life or limb. Three